Clinical Section

Systematic Effects of Nasal Obstruction

by F. D. McKenty, M.D., F.A.C.S., F.R.C.S., (C)

The role of chronic sinusitis as a cause of septic bronchial and lung affections has come to be well appreciated during recent years, and such patients are now gladly referred to the rhinologist with the request that he clear up the condition in the nose.

It is implied that he is to cure, more or less promptly, a condition that is, in essence, the surgical bugbear known as *"Suppuration in a cavity with rigid walls."* Every third-year student learns the classic obstinacy of that condition; it is hardly curable unless the cavity can be made to collapse. That is seldom feasible in the accessory sinuses and the difficulty of cure is still further increased by the presence of a lining of mucous membrane.

It should be more generally realized that, because of the inherent surgical problem involved, prompt cure of chronic sinusitis is rarely attainable.

Neither does it follow that a cure, even if obtained, can much affect the course of chronic inflammatory and fibroid changes in the lungs.

The disappointing result of present treatment emphasizes the need for preventing those complications that can hardly be cured, once they have become established.

"Septic chest" is, in many cases, a complication of chronic sinusitis and the most important cause of chronic sinusitis is a pre-existing nasal stenosis. The first step, therefore, in the prevention of such complications, is the timely relief of nasal stenosis.

The importance of normal nasal respiration as a protective air conditioner for the lungs deserves more attention. Mouth-breathing children are relieved of their adenoids quite promptly, as a rule, but mouth breathing in adults which causes similar disabilities, is frequently overlooked. Adult patients may fail to mention, or even notice such defects, for they have usually developed slowly in youth and are likely to be regarded as normal by them: on this account, they are easily missed or under-estimated.

It is necessary to actually *enquire* about restless sleep, snoring, raw throat and dry mouth on waking, "dropping in the throat," frequency of colds or secondary tonsilitis, morning headache or mental dullness.

Lassitude

And it is a notable fact that a large proportion of patients who admit such symptoms, complain also of *lack of energy, and have a vaguely unhealthy appearance,* even though they are otherwise apparently normal to physical examination.

This is not an extreme or theoretical view; it has been shown that uncomplicated nasal obstruction does cause these effects.

Some years ago, Kreewinsch of Bern proved that experimental blocking of the nose is followed within an hour by an increase in the lactic acid content of the blood to 35% above normal, that such increase lasts while the obstruction is maintained and passes off completely two hours after it is removed.

He showed also that nasal obstruction of pathological origin is accompanied by a constantly high lactic acid blood content in proportion to the degree of obstruction.

About the same time Udstrommer proved by clinical investigation that mouth breathers show an increased total respiratory effort that is constant and directly proportionate to the degree of mouth breathing.

From this it would appear that *nasal insufficiency gives rise to a reflex excessive respiratory effort which results in a degree of continuous muscular fatigue.*

Whatever the exact explanation may eventually prove to be, the facts conform to clinical experience.

About 75% of all people show some recognizable irregularity in the shape of the nasal cavities. The degree to which this interferes with function cannot always be estimated by inspection alone, but for the most part it has no importance.

In a considerable minority of all people there is nasal stenosis marked enough to cause some interference with function.

"Nasal obstruction" is of *two kinds*: obstruction to *breathing* and obstruction to the *drainage* and *ventilation* of the sinuses. They must be *distinguished.* While they are usually combined, either form may exist separately and the sinuses may be obstructed in patients with good breathing.

Patients most often seek relief from obstruction to breathing; in one-third of those the obstruction is practically complete.

Acute sinusitis is the rule in the ordinary "bad cold in the head": it drains clear spontaneously in a couple of weeks if the nasal cavities are well formed.

Chronic Sinusitis

In *chronic sinusitis,* anatomical defects in the region of the sinus openings which obviously obstruct drainage and ventilation are found *in* 88% *of cases.*

The association of nasal stenosis with chronic sinusitis is plainly a *causal* relationship.

Prevention of the complications of chronic sinusitis is best insured by early and effective surgical correction of the main factor that causes the chronicity, that is the nasal stenosis.

A record of such nasal operations, traced over periods up to fifteen years and longer, shows the following significant results:

In cases of *uncomplicated* nasal obstruction of all degrees, the patients' own verdict reported *"complete relief" in* 90%. The period of post-operative supervision averaged about one month.

The incidence of "colds" was reduced to the normal. Less than ½% subsequently developed chronic sinusitis. More than 50% of these patients showed a noticeable *improvement in alertness and appearance of health,* and an average *permanent increase in weight* of between four and five pounds. Weight increases of 10 to 20 pounds were reported.

In cases of *nasal obstruction complicated by sinusitis or allergy,* the results were in *striking contrast.* Only 60% reported eventual "good" results, and the period of post-operative supervision required averaged about five months.

This latter class of cases have given nasal surgery a bad name. No rhinologist wants them, but he must spend months trying to cure conditions that could have been prevented in most cases by more timely treatment.

The off-hand advice to "leave the nose alone" can be very bad advice for the patient: it is wise to make sure of the condition before giving it.

Competent operative treatment of *uncomplicated* nasal stenosis gives both local and general results that make it one of the *best procedures in the whole field of surgery.*

But the treatment of nasal stenosis that has become *complicated* is one of the most trying and *unsatisfactory.*

Practitioners should keep these things in mind when advising patients about nasal obstruction.

Meniere's Disease

by F. D. McKenty, M.D., F.A.C.S., F.R.C.S., (C)

This rather ill-defined syndrome has been the subject of much hypothetical discussion, but also of some careful pathological study. Thirty years ago the late Prof. Barany remarked that, in his opinion, the diagnosis of "Meniere's Disease" was bankrupt and that he never made it. Dan Mackenzie and Albert Gray expressed similar views. The intervening time has shown that the statement was too sweeping and that there is such an entity. But the symptomatology has been too inclusive and has to a great extent covered the symptoms of labyrinth imbalance from other causes. A closer definition seems to depend first of all upon the localization of the lesion causing the disturbance.

A most effective step in that direction is contained in the three post-mortem studies reported by Halpike and Cairns and A. J. Wright. In each case they found characteristic changes indicating increased pressure in the endolymph system, indicated by distension of the scala media and distortion of Reissner's membrane.

The changes were not inflammatory and in each case the soft connective tissue that normally surrounds the sac was lacking. According to Guild it is this mechanism that normally regulates endolymph pressure. The condition found by Halpike and Cairns obviously resembles glaucoma of the labyrinth, and has been called by that name. A. J. Wright has a high percentage of cures by treatment on the basis of focal infection (75-80%?).

Dandy appears to reject the work of Halpike and Cairns. He insists that focal infections are not responsible and that the symptoms are due to thickening of the arteries of the nerve. He claims that section of the vestibular nerve is a permanent cure and includes three-quarters of the auditory nerve in the section. He states that section of three-quarters of the auditory nerve does not affect hearing. He has sectioned over 400 nerves, and says it is without risk.

I believe such views are not sustained by sufficient evidence or knowledge of the labyrinth, and that they should be met with reserve. I believe the Portman operation of cutting through the neck of the sac is more logical, and as it probably occurs accidentally in the course of some section operations, it may be responsible for some of the success of the latter operation.

Other treatments such as salt free diet, etc., are mainly empirical; the percentage of success claimed for them is suggestively close to the proportion of Meniere's that undergoes spontaneous cure. But they may be useful to employ while waiting developments.

Personal Notes and Social News

Dr. and Mrs. F. K. Purdie of Griswold, Manitoba, celebrated their 25th wedding anniversary on July 16th. To commemorate the occasion, Dr. and Mrs. Purdie held an "Open House." Some 150 friends from Griswold and the surrounding district called during the day to offer congratulations and best wishes for their future health and happiness.

◈ ◈

Dr. Agnes Marguerite Swan, M.B.E., daughter of Mr. and Mrs. John Swan of Winnipeg, was married at Old Kildonan Presbyterian Church on July 20th to Donald Charles Archibald, younger son of Mr. and Mrs. H. D. Archibald of Agincourt, Ontario. Mr. and Mrs. Archibald will reside in Toronto.

◈ ◈

Dr. Agnes Christine Curran was posted as Lieutenant, R.C.A.M.C., to No. 110 Company, C.W.A.C., Fort Osborne Barracks.

◈ ◈

Dr. Dorothea Marguerite Wardrop, elder daughter of Mr. and Mrs. John Wardrop, is engaged to be married on August 5th to Henry James Lowden, R.C.A.F., elder son of Mr. H. A. Lowden of Charleswood, Man.

◈ ◈

Dr. George Edward Wakefield has been appointed a Lieutenant in the R.C.A.M.C. and posted to the 100th Basic Training Centre at Portage la Prairie, Man.

◈ ◈

Dr. M. K. Brandt, formerly of Flin Flon, Manitoba, is now practicing at The Pas, Man.

◈ ◈

Dr. Marcel Carbotte has taken up practice at Ste. Rose du Lac, Manitoba.

◈ ◈

Dr. R. O. McDiarmid of Brandon, Man., captured the medal honors at the Wasagaming Golf Tournament, which was played at Wasagaming on July 20th. The Doctor carded a 76.

◈ ◈

NOTE: There will be a bang-up Tournament in Winnipeg September 22nd, when Medicos from all over the Province "shoot it out" for the Manitoba Medical Association Trophy and other cups and prizes. If you cannot get a birdie on one of the first 18 holes, there will be plenty of swallows on the 19th. Make your reservation early.

Dr. Alex. Gibson left Winnipeg on July 17th for Hairmyres, Scotland, to take up his new duties as Chief Surgeon of the Canadian Red Cross Hospital, to which he was recently appointed for a six months' period.

◈ ◈

Dr. W. T. Dingle, recently of Ninette, Manitoba, is now located at Victoria Beach, Man.

◈ ◈

Dr. G. S. Williams has returned from overseas and is now in civilian practice.

◈ ◈

Dr. J. L. Lamont, until recently with the Air Force, has returned to civilian practice.

◈ ◈

Dr. F. E. Preston, formerly of Beausejour, Man., has moved to Biggar, Sask.

◈ ◈

Surgeon Lieutenant R. W. MacNeil, R.C.N.V.R., son of Mr. and Mrs. G. A. MceNeil, was married to Margaret Sarah, R.C.A.F. (W.D.) eldest daughter of Mr. and Mrs. W. G. Kotchapaw on July 23rd, at Westminster United Church.

◈ ◈

Lieut-Commander Gordon P. Fahrni, D.S.C., son of Dr. Gordon S. Fahrni, is home on leave for the first time in two and a half years.

◈ ◈

Surgeon-Lieut. Donald Mark Whitley, R.C.N.V.R., elder son of Mrs. Mark B. Whitley, Norwood, Man., was married on July 20th at the Metropolitan United Church, Victoria, B.C., to Anna Marie, only daughter of Mrs. M. F. Anderson, Victoria.

◈ ◈

Dr. and Mrs. J. D. McQueen and their daughter, Roberta Jean, have left for Vancouver and Victoria on a short vacation trip.

◈ ◈

The Bow-Bells of London are silent for the duration. The Goebbels of Germany will be silenced after the duration.

as circumstances demand....

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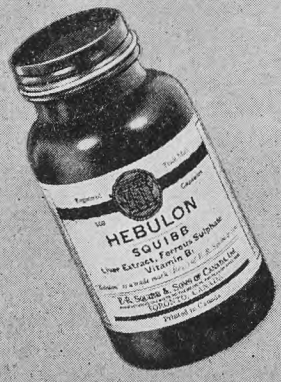

OBVIOUSLY, the selection of a hematinic for the treatment of secondary anemia depends to a large extent upon the needs of the individual patient. Some patients do well with iron alone; others require B_1 in addition to iron; still others should have the benefit of iron with the B Complex.

Tablets Ferrous Sulphate Exsiccated Squibb—where iron alone is indicated. Supplies iron in ferrous form—shown in numerous clinical studies to be more effective in smaller dosage than other forms of iron and to have fewer undesirable side-effects. Supplied in 3-grain enteric-coated tablets in bottles of 100 and 1000. Three grains is the U.S.P. dose for exsiccated ferrous sulphate as compared to 5 grains of the hydrated salt. Squibb has always used the exsiccated form.

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MANUFACTURING CHEMISTS TO THE MEDICAL PROFESSION SINCE 1858

Editorials and Association Notes

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Social Security

The following submission is from Minutes of Proceedings and Evidence before the Special Committee on Social Security in Ottawa on Friday, June 4th, 1943.

Perhaps an undue amount of space is devoted in the Review to the Chiropractors, but their argument is similar to Osteopaths, Medical Liberty League, etc,, perhaps more militant than other cults.

The Position of Chiropractic in Canada To-day as an Established and Recognized Health Profession

The Dominion Council of Canadian Chiropractors is composed of the elected representatives of the chiropractic associations of the provinces of Canada. Chiropractic is recognized by law in four provinces, namely, Ontario, Saskatchewan, Alberta, and British Columbia. Chiropractors in these provinces number 571 of a total of 668 in all Canada. Bear in mind that in the maritime provinces there are only fifteen practising chiropractors.

By Mr. McCann:

Q. Have they any legal status in those provinces?—A. No, they have not as yet.

Q. In what provinces have they no legal status?—A. The three maritime provinces, Quebec, and Manitoba.

Q. That is five out of nine where they are not recognized at all?—A. That is correct, but as I say in three of those provinces they have only fifteen chiropractors. Chiropractors in these provinces number 571 of a total of 668 in all Canada, or over five-sixths of the total. The legislatures of those provinces after the most careful scrutiny and after thorough examination by royal commissions, etc., passed Acts setting up the profession of chiropractic on the same basis as medicine in the treatment of the human body. Chiropractic boards control discipline of their members, admission of candidates, fees, and generally have complete supervision over the profession.

By provinces, the chiropractors actually practising at this moment in Canada number as follows:—

British Columbia	72
Alberta	39
Saskatchewan	43
Manitoba	47
Ontario	417
Quebec	35
Maritime Provinces	15
Total	668

This does not include 10 per cent to 15 per cent of this number now on active service.

By Mr. McCann:

Q. May I ask a question here, on active service in what capacity?—A. In the capacity of shouldering muskets. They are in active combatant service.

Q. The inference was that they are on active service as chiropractors?—A. I do not think that is the right inference because I think perhaps it is well known that we have attempted to have chiropractors in their proper place in the army but so far we have not yet been successful.

It is worthy of note that Dr. Routley, general secretary of the Canadian Medical Association, giving evidence before this committee on April 6, 1943, (Proceedings page 134) said that there are registered in Canada approximately 10,600 doctors. In other words, there is one chiropractor in Canada to every fifteen medical men. In the United States there is one in ten in normal times, one chiropractor to every ten medical doctors across the whole breadth of the country. In some states it is down as low as one to three. I think that is California.

It may also be noted that wartime conditions have depleted Canada of a great number of medical doctors so that the ratio is now considerably changed. It has been stated that there are now only 7,000 doctors practising in Canada. I noticed in the press the other

day that the Hon. Colonel Ralston pointed out that there were some 3,115 medical doctors in the army in the medical corps.

This means there is one chiropractor to approximately every ten medical men, yet this bill as it stands gives to the medical profession the complete control over the health of all the people of Canada and gives no recognition whatsoever to the chiropractor.

The Encyclopaedia Britannica, 1943 edition, tells us that there are now some 18,000 chiropractors in the United States and Canada and that in the United States legal recognition is given in 42 of the 48 States, the District of Columbia, Alaska and Hawaii. There are now 44 States and one more is considering chiropractic legislation. Chiropractic is practised in practically every country in the world and has had a stupendous growth. The Russian army commissions chiropractors and I have been told by a prominent Russian that he has in his possession Russian newspapers extolling the wonderful services performed by chiropractors in the Russian army in this war, including services as chiropractors in advanced dressing stations right on the field of battle.

We take the position, therefore, that chiropractic is a recognized and legalized profession of healing and as such it should be entitled to the same recognition as orthodox medicine and its benefits extended to the public under health insurance. It is not necessary to consider its relative merits or demerits as opposed to medicine. Each practises in its own field. It is no more competent for a medical doctor to pass his opinion on chiropractic than it is for a chiropractor to pass his opinion on medicine.

The Public Depends on Chiropractic

The workmen's compensation acts of three provinces; namely, Ontario, Alberta and British Columbia recognize chiropractic and provide that injured workmen may avail themselves of the services of chiropractors, the compensation board paying the cost. In 1941 the honourable Mr. Justice Sloan of the Court of Appeal of British Columbia, as a royal commissioner, conducted an inquiry into the operation of the British Columbia Compensation Act. After months of evidence he recommended that the Act be extended to provide for the services of chiropractors. Organized labour throughout the whole province of British Columbia presented a unanimous brief before him making this request and urging that chiropractic be placed on the same basis as medicine, the workmen to be given the privilege of choosing to whom they wished to go. Representations were made by labour and even industrialists and employers throughout the whole province testifying that labour hours would be saved by chiropractic inclusion due to decreased period of disability and lower cost of treatment and the vast logging, mining and agricultural industries of British Columbia would be thereby benefited.

Mr. Justice Sloan in his report stated that it had been substantially proven in evidence before him that some 1,300 injured workmen yearly under the Workmen's Compensation Act attended chiropractors and paid for their services out of their own pockets even though medical services were provided free. To remedy this, the British Columbia Act was then amended to provide for payment for chiropractic treatments.

During the past several months the dominion council has conducted a survey, and from the results obtained it was found that there are at least 13,000 treatments given daily by chiropractors in Canada. We have found that at least 200,000 persons, including many thousands in the armed services, took chiropractic treatments in the past year. In the last ten years, allowing for the number of patients repeating, etc., we believe that based on our surveys, we are absolutely accurate in saying that at least two million persons in Canada availed themselves of chiropractic treatments and of this number, a large percentage depend solely on chiropractic for their health needs.

In other words, it is proposed in this Health Insurance Act to force two million people in Canada to pay annual contributions to this medical fund a minimum of $26 and a maximum of $78 per year, be they of moderate means or great wealth, and at the same time deny them the right to go to a chiropractor unless they pay for this service out of their own pockets. Since it is proposed to cover the whole population, every citizen in Canada will be required to pay to this fund even though they may not wish to avail themselves of the medical and other services provided. The chiropractic profession is not selfish in asking that the contributors of health insurance be entitled to choose their services. We simply point out that we are guardians of the health of the people to the extent of some two million out of eleven million and that to this extent the democratic principle of the law of freedom of choice of health practitioner will be denied. If contributions were voluntary we could have nothing to say, but if the act is carried through as drafted, without a vote on the subject, without consent, and, we suggest, in the case of at least two million people, directly contrary to their wishes, they will be regimented into contributing to a fund under the national health scheme which recognizes only orthodox medical benefits (which they do not wish) and ignores all others.

The question might be asked as to what kind of people entrust their health problems to the hands of chiropractors: John D. Rockefeller, Sr., the richest man in the world, patron saint of the medical profession, with every means at hand to secure unparalleled medical talent, had a chiropractor in regular attendance during the last 25 to 30 years of his life and he lived, as you will remember, to almost 100; the present King George VI of England and his brother the Duke of Windsor, depend upon chiropractors for injuries received in golf and horseback accidents; the Yankee baseball team never won a world series until they took on chiropractic trainers in 1919.

Some Hon. Members: Hear, hear.

The Witness: In Canada, chiropractors have numbered among their patients members of the dominion cabinet, premiers and cabinet ministers from the provinces, chief justices and other distinguished jurists, university professors, bishops and other clergymen, generals and other high officers in the armed services and many others prominent in the political and commercial life of Canada; and I venture to suggest members of the House of Commons of Canada and perhaps even members of this committee, although perhaps not all.

A word might be said in regard to the armed services. The same proportion of chiropractic patients exists in the army, navy and air force as in civilian life. It has been the policy of chiropractors not to charge a fee to soldiers. Many soldiers do not receive as large an income as they did in civilian life and are now not only unable to receive chiropractic treatments since soldier chiropractors may not practice in the army, but they are unable financially to afford chiropractic services for their families. They themselves can receive free medical attention in the army, but instead they flock in large numbers to chiropractors.

It might also be noted that during the depression a large proportion of our citizens were on relief and while medical doctors received lower fees, they nevertheless were paid for services to these indigents. Chiropractors performed valiant services during those years administering to the indigent sick and received absolutely no recognition from the government and no relief contributions. While it is not our policy at this time to consider the act from standpoints other than our own position, nevertheless, we cannot refrain from commenting on the statement of the honourable Minister of Pensions and National Health in his presentation to the committee, March 16, 1943 (Proceedings, page 22), where he says, "The cost of illness in Canada is known. A special study was made by the Bureau of Statistics in 1935 and the figure was $240,500,000." This was a depression year and chiropractors treated the indigent sick without remuneration and reduced their fees to others. Medical doctors received lower fees. Thousands of people in Canada who wished to pay their way and would not accept relief got along without medical care. How can we then say that this was the cost of sickness in 1935. This was only the cost of what people could afford to pay for sickness in 1935. Under health insurance where the bill is paid we venture to suggest that there will not be enough medical and other health personnel in Canada for many years to come to take care of the immediate need. There will not be one-half enough hospitals to provide for those who will request and be entitled to hospitalization. Therefore, the greater will be the need for chiropractors.

I wish to make a statement which was not possible when this brief was prepared and that is that I am instructed by the dominion council to say that we are submitting, and will submit here, a plan that hospitals be provided for chiropractors. At the present time, as you know, hospitals are overcrowded and it is not possible for chiropractic patients to receive these services in these hospitals. And now, chiropractic I say is here to stay and chiropractic must be recognized and reckoned with in future plans on health in Canada, and we suggest this: we propose that a hospital be built for drugless practitioners and we are quite content that they have medical men on the staff; and we are quite content to see how we can work with medical practitioners; and if at the end of some time it is found to be satisfactory then we think we will have proof that we are right, that we are not offering obstacles, and that can be done. Now, I am asking Dr. Sturdy a little later on, after I have finished, to amplify that and explain to you exactly our position.

Public Demand for Chiropractic

We are confident in our accuracy when we say that at least 40 per cent of the people of Canada are demanding the right to choose their own health practitioner. Much publicity was given to the statement that under this plan the citizens could choose their own doctor. A tremendous number of people believe this to mean that they may select a chiropractor. We have been daily flooded with inquiries in reference to this position and as yet we have to tell them that this is not the case. No such right is, up to the present, contemplated. In the short time that has elapsed since this committee commenced its deliberations, a petition has been allowed to circulate among the people of Canada. That petition, members of this committee, was not urged, it was left in offices and that sort of thing, but there was no active campaign. Here are the petitions. I have them right here and I will leave them right here. They are signed by 55,993 voters and tax payers of Canada with their addresses. Since this brief was signed on Monday another 578 names came in.

Chiropractic Success in the Treatment of Disease

The most competent judges of the value of chiropractic are those who have received chiropractic services and regained health. The affidavits and statements of thousands of people who have recovered their health through chiropractic can be produced before this committee. Chiropractors have literally made the blind to see, the deaf to hear and the lame to walk. In a survey conducted by Burton Shields, publisher of Indianapolis, Indiana, it was revealed that of 93,039 cases handled the results obtained from the reports of 412 practitioners who had kept accurate records, 79,222 or 85.15 per cent recovered or were greatly improved solely through chiropractic services. Ninety-one of the commonest diseases of man were included in these cases. In some instances 100 per cent recovery was made and in considering this record it should also be borne in mind that not only do chiropractors treat acute cases but a great many cases are chronic and although they may have been accurately diagnosed by medical practitioners they have resisted the traditional forms of treatment of orthodox medicine previously applied to them. In other words, where the medical treatment has failed these are the results obtained by chiropractors. Figures taken from the same authorities based on the influenza epidemic in 1918-1919 showed that medical doctors had one death in every 16 they had treated while chiropractors lost only one case out of 886. Comparisons made in May, 1936, revealed that in 658 cases of pneumonia medical doctors had 200 deaths or 30.4 per cent while 364 chiropractic cases saved 332, a loss of only 8.8 per cent. In insanity cases, chiropractors have had wonderful success. Results obtained on the mentally deranged have been prepared by the Jamestown State Insane Asylum, North Dakota, which is under medical supervision and the Forest Park Chiropractic Sanitarium of Davenport, Iowa. The medical asylum had only 27.8 per cent cures or satisfactory discharges while the chiropractic sanitarium had 65 per cent and this 65 per cent was obtained in cases mostly classed as incurable in insane asylums under medical care and were turned over to chiropractic years after their constitution was run down by prolonged mental disability. Many more cases could be cited but let us consider for a moment just one more. Practically every year there is a poliomyelitis scare; that dreadful disease that strikes terror into the hearts of all mothers when they hear the name. Medical doctors have absolutely failed to effect a cure of this disease. The "Science Sidelights" edited by Julius Dintenfass, B.S.C., D.C., of Brooklyn, New York, conducted in January, 1938, a survey of some 1,511 cases which showed the results obtained under chiropractic in acute infantile paralysis cases showed 71.5 per cent recovery and 20.8 per cent marked improvement, and in chronic cases 28.9 per cent recovery and 51.1 per cent marked improvement. Our medical friends say nothing can be done for infantile paralysis; we say that if chiropractic had every case of this kind in its first year, we could show complete recovery or at least a tremendous improvement.

So successful has chiropractic been in the treatment of these types of cases, as well as all accident cases, that over 200 health and accident insurance companies in the United States and Canada recognize the value of chiropractic and pay for services to their insured. Most fraternal organizations and many employees benefit associations, one of which is the British Columbia Electric Railway Office Employees' Association of Vancouver, B.C., pay for chiropractic services for their members.

Treatment of Japanese

The following is published for the information of Medical Practitioners in Manitoba:

All Japanese have been instructed, that in the event of any of them needing medical attention, they will report to the nearest physician, and that the fee for the initial consultation shall be paid by the Japanese concerned.

If, on examination, the physician finds further treatment is necessary, he will ask the patient if he is prepared to pay himself.

(1) If the patient states that he will pay his own bills, the physician can carry on treatment, and the B.C. Security Commission will not be responsible for any bills.

(2) If the patient says he cannot pay, the physician will contact the representative of the B.C. Security Commission in Winnipeg, state his diagnosis, and ask if the Commission will authorize the treatment and be responsible for the bills.

If the Commission representative is of the opinion that the Commission is responsible, he will notify the physician accordingly, and authorize him to carry out the necessary treatment and submit his account to the Commission representative in Winnipeg, Mr. F. Ernst, 749 Somerset Building, in accordance with a schedule of fees which will be sent to him.

(3) Cases of emergency will be treated immediately, whether the patient can pay or not, and the physician will noify the Winnipeg office as soon as possible.

LENNOX ARTHUR, M.D. (Colonel).
Medical Supervisor,
B.C. SECURITY COMMISSION

Second Annual Meeting

Manitoba Health Officers' Association

Royal Alexandra Hotel, Winnipeg

Monday, September 20th

Morning

12.00 Registration of Attending Health Officers.

12.30 Luncheon. Place of Luncheon to be announced.

The Hon. J. O. McLenaghan, Minister of Health and Public Welfare, Province of Manitoba, will deliver an address.

All Health Officers will be guests of the Department of Health.

Chairman — Dr. Geo. Clingan.

Afternoon

2.00 Quarantine Regulations for Measles, Scarlet Fever, Pertussis and Diphtheria.
Dr. Martin, Neepawa.
Discussion opened by Dr. E. S. Bolton, Brandon.

2.40 School Sanitation.
Dr. C. E. Mather, of The Department of Health.
Discussion opened by Dr. M. S. Lougheed, Winnipeg.

3.15 Annual Meeting and Election of Officers.

4.00 Presidential Address.
Dr. George Clingan, Virden.

Book Review

Now that newspaper publicity has made syphilis a respectable topic, the public will not be slow to show its interest. With their consciences newly awakened, the people will belatedly demand of their doctors a wide and comprehensive knowledge of all the manifestations of the disease.

Such knowledge, however, is not generally possessed and, in the past, could be attained only from large and expensive books which were, in general use, too exhaustive. Recently, however, Lippincott's have published a compact little volume, called "The Essentials of Syphilology," which supplies a maximum of information at a minimum of cost. The book is based on the teaching and practice of the Syphilis Clinic of Vanderbilt University, and the author is the director of that clinic, R. H. Kampmeier.

All aspects of the subject are adequately dealt with. The characteristics, recognition and treatment of the disease in the various stages and many forms are set forth clearly and simply. There are chapters on cardiovascular and neurosyphilis, and on the behavior of the disease in other systems. Other pages are devoted to syphilis and marriage, syphilis and pregnancy, and so on. There is an absence of that detail which so often confuses, rather than enlightens the reader.

The purpose of the book is to make the practitioner syphilis-conscious and as a result make him more careful in his search of the disease. The reader is reminded that the Wasserman Reaction is not infallible and is only part of the examination. Many luetids have negative serological findings in spite of clinical signs. Often these signs are inconspicuous and must be sought for to uncover them, but such a search is always worth while and may avert disaster. Kampmeier tells you how to make the search, how to assess the findings and what to do to set things right. The text is illustrated with many pictures and with a large number of case reports. It is a book which every practitioner should have, not on his shelves, but on his desk.

(Essentials of Syphilology; R. H. Kampmeier; J. B. Lippincott Co., 500 pages.)

Obituary

Dr. Magnus B. Halldorson

Dr. Magnus B. Halldorson of Winnipeg died July 6, at the home of his daughter in New York.

Born in Iceland, he came at an early age with his parents who settled first in North Dakota and later came to Winnipeg. He studied medicine here, graduating in 1898. He practised at Bottineau, Hensel and Souris, N.D.—returning to Winnipeg in 1917. Although a general physician, he was especially interested in disease of the chest and was a life member of the American Tuberculosis Association. He is survived by two daughters, and a son in the American Navy.

Department of Health and Public Welfare

Comparisons Communicable Diseases—Manitoba

(Whites Only)

DISEASES	1943 May 23 to June 19	1943 April 25 to May 22	1942 May 21 to June 17	1942 April 23 to May 20	TOTALS Jan. 1 to Jun.19,'43	TOTALS Jan. 1 to June.17,'42
Anterior Poliomyelitis	**3**	**1**	**9**	**3**	**12**	**19**
Chickenpox	165	142	146	130	987	1330
Diphtheria	**13**	**29**	**20**	**17**	**148**	**104**
Diphtheria Carriers	4	2	1	1	15	6
Dysentery—Amoebic	2	....	....	....	4	....
Dysentery—Bacillary	....	2	....	1	5	5
Erysipelas	8	7	7	6	37	49
Encephalitis	....	1	4	....	2	6
Influenza	22	36	3	5	340	174
Measles	411	436	524	627	1833	4038
Measles—German	59	53	34	26	140	252
Meningococcal Meningitis	2	1	4	1	20	16
Mumps	304	402	233	368	2801	2489
Ophthalmia Neonatorum	....	....	....	....	....	1
Pneumonia—Lobar	3	8	10	13	94	75
Puerperal Fever	....	....	....	....	1	....
Scarlet Fever	183	177	143	128	801	940
Septic Sore Throat	4	1	2	2	24	55
Smallpox	....	....	....	....	....	....
Tetanus	....	....	....	....	....	1
Trachoma	....	....	1	2	2	4
Tuberculosis	44	64	39	51	305	223
Typhoid Fever	**4**	**4**	**1**	....	**17**	**7**
Typhoid Paratyphoid	....	....	1	1	....	1
Typhoid Carriers	....	....	....	....	....	1
Undulant Fever	....	....	1	1	2	5
Whooping Cough	145	290	27	12	1271	121
Gonorrhoea	130	156	94	96	938	558
Syphilis	51	46	55	71	263	359
Meningococcal Meningitis Carriers	....	....	....	....	6	....

Little change has taken place in the incidence of the common communicable diseases in Manitoba during the past month.

DIPHTHERIA shows a reduction of over 50% from the previous month but still remains high in comparison to our contiguous Provinces and States.

TYPHOID FEVER is more than twice as prevalent this year than it was up to the corresponding date in 1942.

ANTERIOR POLIOMYELITIS—Three cases this past month heralds the approach of the season when this disease usually reaches its peak incidence. Since the success of the Kenny treatment of the paralytic cases depends on its early instigation, we should be particularly alert in our diagnosis of this disease for the next two or three months. It is to be hoped that our cases will be few in number.

INFANTILE DIARRHOEA—The epidemic of this condition seems to be subsiding—only seven cases having been reported since last month.

DEATHS FROM COMMUNICABLE DISEASE

May, 1943

URBAN—Cancer 45, Tuberculosis 12, Pneumonia Lobar 4, Pneumonia (other forms) 4, Influenza 3, Whooping Cough 3, Hodgkin's Disease 2, Measles 1, Septicemia 1. Other deaths under 1 year 42. Other deaths over 1 year 210. Stillbirths 9. Total 336.

RURAL—Cancer 31, Pneumonia (other forms) 11, Tuberculosis 9, Pneumonia Lobar 3, Influenza 2, Measles 2, Syphilis 2, Whooping Cough 2, Lethargic Encephalitis 1. Other deaths under 1 year 27. Other deaths over 1 year 138. Stillbirths 14. Total 242.

INDIANS—Tuberculosis 11, Pneumonia (other forms) 6, Influenza 4, Pneumonia Lobar 1, Poliomyelitis 1, Syphilis 1, Mumps 1. Other deaths under 1 year 4. Other deaths over 1 year 4. Total 33.

DISEASE	Manitoba May 23-June 19 *737,935	Ontario May 23-June 19 *3,824,734	Saskatchewan May 23-June 19 *905,974	Minnesota May 23-June 19 *2,792,300	North Dakota May 23-June 19 *641,935
Anterior Poliomyelitis	**3**	**1**	....	....	....
Meningococcal Meningitis	2	16	3	10	2
Chickenpox	165	1372	106	388	....
Diphtheria	**13**	**3**	**2**	**6**	**2**
Erysipelas	8	2	1	3	....
Influenza	22	119	11	2	45
Encephalitis	....	1	....	....	1
Measles	411	6958	432	1785	127
German Measles	59	653	42	....	67
Mumps	304	2344	132	....	48
Opthalmia Neonatorum	....	5	....	....	3
Leprosy	....	....	....	1	....
Puerperal Fever	....	1	....	....	....
Scarlet Fever	183	710	169	136	7
Septic Sore Throat	4	2	7	....	1
Smallpox	....	....	....	....	2
Trachoma	....	....	....	....	1
Tuberculosis	44	213	54	13	25
Typhoid Fever	**4**	**4**	....	....	....
Typhoid Para Typhoid	....	7	....	....	....
Undulant Fever	....	9	....	....	1
Whooping Cough	145	658	64	306	15
Dysentery—Amoebic	2	....	....	11	....
Dysentery—Bacillary	....	....	....	1	....
Diphtheria Carriers	4	....	1	....	....
Tularemia	....	....	....	1	2
Gonorrhoea	130	463	....	....	27
Syphilis	51	589	....	....	25

* Approximate Populations

Government Requirements for Sewage Works Projects

Abridgment of a paper delivered by Mr. John Foggie, Chief Sanitary Inspector, Department of Health and Public Welfare, to the Water and Sewage School under the auspices of the Minnesota Section of the American Water Works Association, held in Winnipeg—July, 1943.

"Governmental Requirements for Water Works Projects"—another paper delivered by Mr. Foggie and referred to in the following abridgment will be published in the next issue of the *Review.*

Requirements for sewage works projects provided under "The Public Health Act" are, in large part, quite similar to these respecting Water Works requiring the submission of plans, reports, specifications, approval of the scheme, and final permission to proceed with the construction; proper control and satisfactory operation under qualified superintendents or operators. These sections of the regulations, mentioned in a previous talk, need not be repeated at this time, but, as we are now dealing with the original water, plus all of the waste material from man and his environment, certain other requirements are essential. The following additional requirements are set forth:

No common sewer, or system of sewerage, shall be established or continued unless there is maintained in connection therewith a system of sewage treatment and disposal, sufficient to remove all menace to the public health, or nuisance, and the Minister may call for, and any council, person, or body corporate shall furnish, as soon as may be, such information and data in relation to such matters under their control as may be deemed necessary.

Sewage treatment plants shall be so designed, constructed, equipped and operated, as to produce an effluent of sufficient stability or purity as to cause no nuisance or offence during periods of minimum or dry weather flow of the river or other water course, into which the effluent is discharged.

There is also the power to authorize the construction, alteration or extension of common sewers, or systems of sewerage, sewage treatment and disposal works by any municipality in or through any other municipality, and may permit such other municipality to use such works or any of them upon such terms and conditions as to payment and otherwise, as the Minister may fix and determine.

He may direct one or more municipalities to join in the construction of joint works for the purpose aforesaid, and may apportion the cost of construction, maintenance and extension thereof, and may make such orders for the management, maintenance, operation or otherwise of such works as maintenance and operation thereof—subject to written agreement after consideration of all matters.

In regard to the prohibition of the discharge of raw sewage, the following appears:

> Any municipality or body corporate discharging raw or untreated sewage into any water course when these regulations come into effect shall make adequate provisions for the installation of sewage treatment works and treat all sewage before disposal to the satisfaction of the Minister.

It is hardly necessary to mention that the provisions of this section have been long contravened.

In direct relation to sewerage systems and treatment works we have the following clauses which are minor, but important:

> Compulsory installation of plumbing in all premises where sewer and water services are provided and connection to these services;

for there is little use installing modern facilities if only fifty per cent of the building owners take advantage of them, while their neighbors continue to use the original and more primitive means of sewage disposal to their own detriment and that of their neighbors. Our experience shows that municipalities and country towns have many buildings without plumbing, water or sewer connections many years after sewer and water services have been laid.

Then, there is the prohibition against the discharge of oil, gasoline, or other deleterious substance or material into sewers, and also the reminder that storm sewers are to be used only for roof and surface water.

Powers to control nuisance caused by sewage treatment plants, prevalence of filter flies and offensive conditions created in rivers, are extensive, and come under the heading of "Nuisances and their Abatement."

In addition to these brief requirements, there is also legislation, namely, An Act respecting the disposal of Sewage and Waste—to establish a Control Commission and to provide for the Incorporation of Sanitary Districts and their powers—The Pollution of Water Act—under the jurisdiction of the Provincial Sanitary Control Commission. There are extensive powers under this Act for the general control of practically all matters pertaining to sewerage and sewage treatment and disposal, the conducting of inquiries and investigations, and the granting of licenses to discharge sewage or any waste into any body of water.

Time does not permit the mention of the various functions in detail, but, with the whole of the existing legislation, there appears to be ample provision for control. Again, as in the case of water supplies, there must be applied all of the principles relative to satisfactory sewage treatment, construction and control of sewage treatment work.

Of the thirteen sewerage and water works systems in use, seven are without any form of sewage treatment, which means raw sewage and wastes from a population of more than 54,000 persons, if we were

to include the various institutional buildings, is discharged into water courses at various locations.

The development and construction of sewage treatment works is an extremely slow process, and it is probably quite natural for the majority of the public to be quite uninterested in the matter, until scum, sleek, odors and so on, remind them forcibly that the nearby river has had enough. Not until then is there any real interest, and then only by residents who own property adjoining river banks, or live in close proximity. Many factors must be considered in the development of proper sewage treatment—the quantities of domestic sewage and industrial wastes, the latter often requiring ten to twenty times the treatment or process necessary for domestic sewage alone.

Then, there is the water course into which an effluent may be discharged and its ability to cope with the load without suffering detrimentally, or to a point of complete degradation. The use or uses to which the waters may be put, downstream, must receive careful consideration.

These are factors which the general public have little or no knowledge of, and consequently, it may be that educational effort and enlightenment is necessary first to carry forward sewage treatment plans. Rivers, lakes and other surface supplies are our natural resources, and it is time that our yardsticks—proper sanitary surveys of rivers—were brought into greater use in estimating and deciding temporarily and for definite periods of time at least, what conditions our rivers should be in, depending upon the uses to which the water courses are put. It is not a very easy matter to decide what treatment may be necessary, or to satisfy all interests. Treatment to a high state of perfection or purity, where it is not absolutely essential, is a costly and wasteful procedure. An abundance of diluting water is a great asset where treatment works are to be built. From what has been accomplished in the last year or two in the construction of sewage treatment plants at air training fields, it should not be a very difficult matter to provide similar works, with modification where necessary, for the smaller rural town, close to a suitable river. Where water courses are remote or at some considerable distance, then there are special difficulties arising, involving the quality of effluent and means for final, satisfactory disposal.

In conclusion, I cannot refrain from quoting from a paper by a prominent sewage works manager in Great Britain who, in dealing with some factors affecting the design of sewage disposal works, states—"Through the haze of contradictory interests, the sewage works designer tries to find the ideal scheme for each particular case. Local residents, fisheries and angling clubs, ratepayers, the law of the land, riparian owners—these are a few of the interests he has to reconcile. Small wonder, then, that he sometimes envies Noah, who had infinite dilution and no alternative."